



Lincoln-Lancaster County
Health Department
ATTN: Jim Fobben
3140 "N" Street
Lincoln, NE 68510
441-8040

Notice of Compliance Deadline

Halogenated Solvent Cold Cleaning

Reference: 40 CFR 63.468 (Federal Law)

Do not fill out this form if you currently use or plan to switch to cleaners that do not contain halogenated compounds; these cleaners often contain a solvent commonly called NMP. They can remove carbon varnishes, and they clean carburetors as well as diesel injection motors and pumps. Lower-risk cleaners are available from major suppliers. The LLCHD can put you in contact with other shops that use these nonchlorinated cleaners.

Initial Notification and Statement of Compliance

Complete this form if the total capacity of your cold cleaning bucket(s) is greater than two gallons and if the combined concentration of regulated solvents in your cleaners exceeds five percent (5%) by weight. The six regulated solvents are:

✱ **Carbon tetrachloride**
(CAS No. 56-23-5)

✱ **Methylene chloride**
(CAS No. 75-09-2)

✱ **1,1,1-Trichloroethane**
(CAS No. 71-55-6)

✱ **Chloroform**
(CAS No. 67-66-3)

✱ **Perchloroethylene**
(CAS No. 127-18-4)

✱ **Trichloroethylene**
(CAS No. 79-01-6)

*Use a new form for **each** address. Photocopy this **blank** form as needed.*

Source Name _____ Address _____

Type of Solvent Used _____

Number of Buckets with greater than Two-Gallon Capacity at this Address _____

Estimated Annual Solvent Consumption _____

Date of Installation _____

Due date: Return this form to the LLCHD as soon as possible, unless you have already submitted notification.

Compliance Deadline: All buckets should be in compliance by December 2, 1997. New buckets must be brought into compliance immediately after you have opened them.

For the bucket(s) described above, I certify that I or my business will comply with one of the following requirements.

_____ *Either a one-inch layer of water on top of the solvent, **and** a tight-fitting cover at all possible times;*

_____ *Or a freeboard ratio of 0.75 **and** a tight-fitting cover at all possible times **and** work practices (described on the opposite side of this form).*

Note: *Unless you modify your compliance method or start using additional buckets, no additional reporting is required.*

I, (print name) _____, as a responsible official for _____, hereby certify that the information provided is truthful and accurate and that the commitment to comply with the regulations will be maintained.

Signed _____

Date _____

Mail to: LLCHD, ATTN: Jim Fobben, 3140 "N" Street, Lincoln, NE 68510; keep a copy of this form in your files.